

CERTIFICATE OF MAILING BY "EXPRESS MAIL" (37 CFR 1.10)

Applicant(s): MUNOZ et al.

Docket No.

HOLMES-2U

Application No.

10/797,230

Filing Date

03/10/2004

Examiner

K.T. NGUYEN

Customer No.

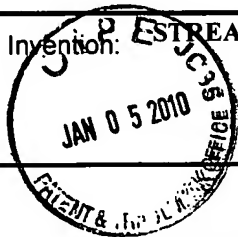
75253

Group Art Unit

3711

Invention:

ESTREAMER LAUNCHING SYSTEM



I hereby certify that the following correspondence:

PART B FEES TRANSMITTAL

(Identify type of correspondence)

is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on

JANUARY 5, 2010*(Date)*Gerow D. Brill*(Typed or Printed Name of Person Mailing Correspondence)*

A handwritten signature in black ink, appearing to read "Gerow D. Brill", written over a horizontal line.

*(Signature of Person Mailing Correspondence)*EH 615483411 US*("Express Mail" Mailing Label Number)***Note: Each paper must have its own certificate of mailing.**



EH 615483411 US

Mailing Label
Label 11-B, March 2004

UNITED STATES POSTAL SERVICE®

Post Office To Addressee

DELIVERY (POSTAL USE ONLY)

Delivery Attempt	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day		
Delivery Attempt	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day		
Delivery Date	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day		

CUSTOMER USE ONLY

PAYMENT BY ACCOUNT Express Mail Corporate Acct. No.	<input type="checkbox"/> WAIVER OF SIGNATURE (Domestic Mail Only) Additional merchandise insurance is void if customer requests waiver of signature. I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.
Federal Agency Acct. No. or Postal Service Acct. No.	

NO DELIVERY <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday	<input type="checkbox"/> Mailer Signature
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ORIGIN (POSTAL SERVICE USE ONLY)

PO ZIP Code	Day of Delivery <input type="checkbox"/> Next <input type="checkbox"/> 2nd <input type="checkbox"/> 2nd Del. Day	Postage \$
Date Accepted Mo. Day Year	Scheduled Date of Delivery Month Day	Return Receipt Fee \$
Time Accepted <input type="checkbox"/> AM <input type="checkbox"/> PM	Scheduled Time of Delivery <input type="checkbox"/> Noon <input type="checkbox"/> 3 PM	COD Fee \$
Flat Rate <input type="checkbox"/> or Weight lbs. ozs.	Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Insurance Fee \$
	Int'l Alpha Country Code	Total Postage & Fees \$
		Acceptance Emp. Initials

FROM: (PLEASE PRINT) PHONE ()

GEROW D. BRILL
20 DAKMONT CIRCLE
NEW FREEDOM, PA 17349

TO: (PLEASE PRINT) PHONE ()

MAIL STOP ISSUE Fee
COMMISSIONER FOR PATENTS
PO BOX 1450
ALEXANDRIA, VA

ZIP + 4 (U.S. ADDRESSES ONLY. DO NOT USE FOR FOREIGN POSTAL CODES.)

2	2	3	1	3	+	1	4	5	0
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RECEIVED IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In regards to Application Number 10/797,230, Docket Number HOLMES-2U

Part B Issue Fee transmittal PTO-85 (1 Sheet)
Certificate of Mailing by "Express Mail" (1 Sheet)
Credit Card Payment Form (1 Sheet)

EH615483411US

JANUARY 5, 2010